

Workshop _____

Presenter _____

Date: _____

☐ I attended the online session live☐ I viewed the recorded session

1. Indicate **your** knowledge/skill level **prior** to this workshop: **Beginner** **Average** **Above Average** **Expert**
2. Indicate **your** knowledge/skill level **after** this workshop: **Beginner** **Average** **Above Average** **Expert**
3. The general level of instruction was: **Too Elementary** **Appropriate** **Too Advanced (over my head 😊)**
4. The time allotted for this workshop was: **Too Little** **Adequate** **Too Much (enough already! 😊)**

- | | Strongly
Disagree | Disagree | Neutral | Agree | Strongly
Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. Handouts/materials were helpful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The workshop content was easy to understand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The presenter was organized | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Methods of instruction were useful/effective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Please add comments on any aspect of this workshop _____

Please return this form to Ruth Hyatt, Arkansas State Library 900 West Capitol Ave, Suite 100 Little Rock, AR

ruth@library.arkansas.gov or by fax at 501-682-1693